

**Marie-Ann Greenberg, Esquire
Chapter 13 Standing Trustee**

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30 TWO BRIDGES ROAD
SUITE 330
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November 03, 2020

For Payments Only:

PO BOX 520
MEMPHIS, TN 38101-0520

**Re: Standing Trustee's Notice of Distribution
Case No: 19-32877**

On February 14, 2020 the above-referenced case was confirmed. Subsequently, all of the creditors and attorney fees, if any, were set up on our database so that we can commence distribution to the parties in the near future.

Attached is a case report for your review. IT IS YOUR RESPONSIBILITY to review this report and ensure that you are in agreement with the information contained on the report. We strongly suggest that you compare this report against the claims registry and docket. If you are not in agreement, you need to notify us in writing within five (5) days of the docketing of this information and/or file the appropriate motion with the court.

A copy of the Chapter 13 Standing Trustee's Policies regarding Proofs of Claim may be found on our website at <http://www.magtrustee.com>.

Marie-Ann Greenberg, Trustee
30 TWO BRIDGES ROAD
SUITE 330
FAIRFIELD, NJ 07004-1550

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY**

TRUSTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS AS OF NOVEMBER 3, 2020

Chapter 13 Case # 19-32877

Atty: STEPHEN B. MCNALLY

Re: BRIAN K. BELENCHIA
43 HICKORY ROAD
HIGHLAND LAKES, NJ 07422

PLEASE SEE SUMMARY SECTION FOR ESTIMATED BALANCE TO COMPLETE.

NOTE: THIS IS A BASE PLAN IN THE AMOUNT OF \$13,860.00

RECEIPTS (Please Read Across)

Date	Amount	Source Document No.	Date	Amount	Source Document No.
01/03/2020	\$385.00	6450369000	02/04/2020	\$385.00	6534271000
03/02/2020	\$385.00	6608207000	04/02/2020	\$385.00	6683118000
05/04/2020	\$385.00	6760595000	06/02/2020	\$385.00	6836279000
07/02/2020	\$385.00	6911297000	08/03/2020	\$385.00	6981515000
09/02/2020	\$385.00	7057654000	10/02/2020	\$385.00	7131646000
11/02/2020	\$385.00	7200717000			
Total Receipts: \$4,235.00 - Amount Refunded to Debtor: \$0.00 = Receipts Applied to Plan: \$4,235.00					

CLAIMS AND DISTRIBUTIONS

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
TTE	TRUSTEE COMPENSATION	ADMIN			310.34	
ATTY	ATTORNEY	ADMIN	3,750.00	100.00%	3,212.42	537.58
COURT	CLERK OF COURT	ADMIN	0.00	100.00%	0.00	0.00
0001	ATLANTIC HEALTH SYSTEM	UNSECURED	0.00	*	0.00	
0002	JEFFERSON CAPITAL SYSTEMS LLC	UNSECURED	15,541.84	*	0.00	
0003	US BANK TRUST NA	MORTGAGE ARRI	9,458.12	100.00%	0.00	
0004	BON SECOURS MEDICAL GROUP	UNSECURED	0.00	*	0.00	
0005	CAPITAL ONE	VEHICLE SECURI	0.00	100.00%	0.00	
0006	CAPITAL ONE BANK (USA), N.A.	UNSECURED	201.95	*	0.00	
0007	LVNV FUNDING LLC	UNSECURED	1,577.07	*	0.00	
0008	CRYSTAL RUN HEALTHCARE	UNSECURED	0.00	*	0.00	
0009	DISCOVER BANK	UNSECURED	761.22	*	0.00	
0010	THE BANK OF MISSOURI	UNSECURED	541.18	*	0.00	
0011	HUDSON COUNTY SURGERY CENTER	UNSECURED	0.00	*	0.00	
0012	IC SYSTEM	UNSECURED	0.00	*	0.00	
0013	QUANTUM3 GROUP LLC	UNSECURED	225.77	*	0.00	
0014	INTERNAL REVENUE SERVICE	PRIORITY	0.00	100.00%	0.00	
0015	MERRICK BANK	UNSECURED	754.20	*	0.00	
0016	MISSION LANE	UNSECURED	0.00	*	0.00	

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
0017	NABIL YAZGI MD PA	UNSECURED	0.00	*	0.00	
0018	REMEX INC.	UNSECURED	0.00	*	0.00	
0019	THE BANK OF NEW YORK MELLON	UNSECURED	135,704.22	*	0.00	
0020	STATE OF NJ DEPARTMENT OF LABOR	UNSECURED	0.00	*	0.00	
0021	STATE OF NJ	SECURED	1,713.84	100.00%	0.00	
0022	STATE OF NJ	UNSECURED	291.20	*	0.00	
0023	TOWNSHIP OF VERNON	PRIORITY	717.44	100.00%	0.00	
0024	TRISTATE EMERGENCY PHYSICIANS	UNSECURED	0.00	*	0.00	
0026	VLADIM GRITSUS, MD	UNSECURED	0.00	*	0.00	
0027	WARWICK ANESTHESIA GROUP, LLC	UNSECURED	0.00	*	0.00	
0029	CAPITAL ONE AUTO FINANCE	VEHICLE SECURE	0.00	100.00%	0.00	
0030	DIRECTV LLC	UNSECURED	205.99	*	0.00	
0031	CAPITAL ONE AUTO FINANCE	UNSECURED	15,608.38	*	0.00	

Total Paid: \$3,522.76

See Summary

LIST OF PAYMENTS TO CLAIMS (Please Read Across)

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SUMMARY

Summary of all receipts and disbursements from the date the case was filed , to and including: November 03, 2020.

Receipts: \$4,235.00 - Paid to Claims: \$0.00 - Admin Costs Paid: \$3,522.76 = Funds on Hand: \$712.24

Base Plan Amount: \$13,860.00 - Receipts: \$4,235.00 = Total Unpaid Balance: **\$9,625.00

****NOTE:** THIS IS AN APPROXIMATE BALANCE. ADDITIONAL ALLOWED CLAIMS AND OTHER VARIABLES MAY AFFECT THE AMOUNT TO COMPLETE THE PLAN.